Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 16-31, 2003.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	2271	
Recipient Name:	CLAREMONT, CITY OF	
Project ID:	CA-90-Y262	
Budget Number:	1 - Budget Pending Approval	RECEIVED
Project Information:	Procurement of CNG Station Equipmen	E Samuel Parties & Barriers Burning Burning
3		DEC 3 1 2003

Part 1: Recipient Information

STATE CLEARING HOUSE

Project Number:	CA-90-Y262
Recipient ID:	2271
Recipient Name:	CLAREMONT, CITY OF
Address:	207 HARVARD AVENUE , CLAREMONT, CA 91711 0000
Telephone:	(909) 399-5400
Facsimile:	(909) 399-5492

Union Information

No information found.

Part 2: Project Information

Project Type:	Grant	Gross Project	\$468,000	
Project Number:	CA-90-Y262	Cost:		
	Procurement of CNG Station	Adjustment Amt:	\$0	
Project Description:	Equipmen	Total Eligible Cost:	\$468,000	
Recipient Type:	City	Total FTA Amt:	\$71,000	
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0	
Recipient Contact:	Michael Busch (909) 399-	Total Local Amt:	\$397,000	
rtooipiont oontaot:	5456	Other Federal	0.0	
New/Amendment:	None Specified	Amt:	\$0	
Amend Reason:	Initial Application	Special Cond Amt:	\$0	
Fed Dom Asst. #:	20205	Special Condition:	None Specified	
Sec. of Statute:	149	S.C. Tgt. Date:	None Specified	
	:			

View Print Page 2 of 5

State Appl. ID:	None Specified
Start/End Date:	Nov. 15, 2003 - Dec. 31, 2004
Recvd. By State:	
EO 12372 Rev:	Not Applicable
Review Date:	Sep. 19, 2003
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Apr. 15, 2003
Program Page:	1
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
IDUUZU	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

 State ID District Code		District Official		
6	33	Diane E Watson		

Project Details

The City is construction a joint use City Corporate yard facility. Included in the scope of construction will be the inclusion of a compressed natural gas (CNG) fueling facility to be used by the City's transit services and sanitation fleet.

This application is for \$71,000 to cover the transit portion of the project only.

The project is included in the TIP (ID #LA0B403)

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
114-00 BUS: SUPPORT EQUIP AND FACILITIES	1	\$71,000	\$468,000
ACTIVITY			
11.42.20 ACQUIRE - MISC SUPPORT EQUIPMENT	1	\$71,000	\$468,000
	Estimated	l Total Eligible Cost:	\$468,000

		PART I - F	ACE SHE	ET [S S S S S S S S S S S S S S S S S S	
APPLICATION FOR F	EDERAL	. ASSISTA	NCE	1. TYPE OF SUBMISSION:	
28, DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE;			STATE APPLICATION DENTIFIES 3 0 2003	
10/15/03 20. APPLICATION ID:	4. DATE REC	FIVED		GRANT NUMBERS TATE CLEARING HOUSE	
049R038314	10/15/03	LI * LD .		OHIC Charming HOUSE	
5, APPLICATION INFORMATION		• · · · · · · · · · · · · · · · · · · ·			
LEGAL NAME: Shastn County Community Action Agency			NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):		
ADDRESS (give street address, city, state and	i pp code):		NAME: Jessich A, Cunningham		
1670 Market St., Suite 300 Rodding CA 96001			TELEPHONE NUMBER: 330,225,3804 FAX NUMBER: 520,225,5178 INTERNET E-MAIL ADDRESS: jounningham@co.shasta.cu.us		
6. EMPLOYER IDENTIFICATION NUMBER (E	IM):		7. TYPE OF APP	PLICANT;	
946000535			7a, Local Govern		
8. TYPE OF APPLICATION;			75. Community A	Action Agency/Community Action Program	
X NEW CONTIN	UATION		!		
REVISION					
If Revision, enter appropriate letter(s) in box(c	s);				
A. Increase Award B. Decrease Award	C, Incres	ase Duration			
D. Decrease Duration					
			9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service		
10s, CATALOG OF FEDERAL DOMESTIC ASS 10b, TITLE: Retired and Senior Volunteer Pro-		BER: 94,002	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Shasts/Tehsma Co'S RSVP		
12. AREAS AFFECTED BY PROJECT (Det Ol California Counties of Teharm, Shasta	lies, Counties, St	ales, e(c):			
13. PROPOSED PROJECT: START DATE: 01	/01/ 0 4 E NC	D DATE: 12/31/06	14. PERFORMAN	NCE PERIOD; START DATE: END DATE:	
15, ESTIMATED FUNDING:			16, IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE		
a. FEDERAL	\$ 132,518.0	0	ORDER 12372 P		
b. AFPLICANT	\$ 56,791.0		YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
c. STATE	\$ 15,000.0	0	DATE:	14-OCT-03	
d, LOCAL \$ 30,000.00					
B. OTHER	e. OTHER \$ 11,794.00			- Andrew Company of the Company of t	
1. PROGRAM INCOME \$ 0.00 g. TOTAL \$ 189,312.00			17. IS THE APPLI	ICANT DELINQUENT ON ANY FEDERAL DEBT?	
			YES If "Yes," attach an explanation. X NO		
18. TO THE BEST OF MY KNOWLEDGE AND DULY AUTHORIZED BY THE GOVERNING B IS AWARDED,	BELIEF, ALL DA ODY OF THE AF	TA IN THIS APPLICA PPLICANT AND THE A	TION/PREAPPLICAT	TION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN OMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE	
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE; b. TITLE:				c. TELEPHONE NUMBER;	
Larry Lees Housing/Conmin			lly Action Progs. Dire	53022551B2	
				d. DATE: 10/15/03	

APPLICATION FOR FEDERAL ASSISTANCE	=	2. DATE SUBMITTED		Applicant Iden	Version	1/03
		01/02/2004				
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Application Identifier		
[] Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	ier .	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizational Uni	it:		
King City Police Department			Department:	Department		
Organizational DUNS:		AND THE RESERVE TO THE PARTY OF	Division:			
Address:	400621		Name and telepho		rson to be contacted on met	14.9
Street: 415 Bassett St.		, , , , , , , , , , , , , , , , , , ,	involving this appl	ication (give are		
			Prefix: Mr.	First Name:	ym TL-V-IV-	4
City: King City	V (-1 5)		Middle Name R.		2 9 200	٦.
County:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Last Name Cop	DOV	1 2, 2, 3, 2,00	
Monterey State:	Zip Code		Suffix:	ouy	200 A 200 A 200 A 200 A 2 200	1
California	93930		Email:		STATE CLEARING HO	Jhz
Country: USA			pdchlef@kli			
6. EMPLOYER IDENTIFICATION			Phone Number (give	втва соде)	Fax Number (give area code)	
94-6000352			(831) 386-5944		(831) 385-4927	
8. TYPE OF APPLICATION:	(7)	m=1	7. TYPE OF APPLI	CANT: (See back	of form for Application Types)
Men If Revision, enter appropriate let	ter(s) in box(es)	on 🔝 Revision	C. Municipal			
See back of form for description	of letters.)	П	Other (specify)			
Other (specify)			NAME OF FEDERAL AGENCY: Office of Community Oriented Policing Services			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	1		CANT'S PROJECT:	
		16-710	Secure Our School			1.
TITLE (Name of Program):	*		and to help ensure		enhance the safety of our sch nt.	юрів
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):				
City of King, City of Greenfield,	County of Monterey	•				
13. PROPOSED PROJECT			14. CONGRESSION	VAL DISTRICTS		
Start Date: March 2004	Ending Date: Ma	rch 2005	e. Applicant District 12		b. Project District 12	1.
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUT	TE
a. Federal \$			ORDER 12372 PRO	CESS? REAPPLICATION	APPLICATION WAS MADE	+
b. Applicant 5		15,345			VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 123	37
		15,345		SS FOR REVIEW	,	
c. State 5		, ~	DATE:	12/29/03		
d. Local \$		'	b. No. III PROGE	RAM IS NOT COV	ERED BY E. O. 12372	
e. Other \$.00	OR PROGRAM HAS NOT BEEN SELECTED BY STATE			F
f, Program Income \$				ANT DELINQUE	NT ON ANY FEDERAL DEBT	7
g. TOTAL 5 30,690 .			Yes if "Yes" atta	ch an explanation	ı. 🛮 🖸 No	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	, ALL DATA IN THIS AP	PLICATION/PREAPP	LICATION ARE T	RUE AND CORRECT. THE	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT AN	D THE APPLICA	NT WILL COMPLY WITH THE	-
a. Authorized Representative		WIALUED.				
Prefix Mr.	First Name Jim		Midd	le Name R.		
Last Name Copsey	The state of the s		Suffi	Κ		
b. Title		· ·		lephone Number	(give area code)	+
Police Chief d. Signature of Authorized Repre	esentative		(631) 366-5944 b. Date Signed			+
	Sor II all To	Cosser	P. 0	12/2	9/2003	200
Previous Edition Usable Authorized for Local Reproduction	on (Standard Form 424 (Rev.9-) Prescribed by OMB Circular /	

APPLICATION FOR					Version 7/0
FEDERAL ASSISTANCE	.	2. DATE SUBMITTED	01/02/2004	Applicant Ide	ntifier
1. TYPE OF SUBMISSION:	G	3. DATE RECEIVED BY		State Applica	ition Identifier
Application Construction	Pre-application Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Iden	tifier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION			10	E4.	
Legal Name: King City Police Department		,	Organizational Un Department:		
Organizational DLINS:			Police Division:	Department	
787	400621		PATE	1) ()	
Address: Street:			Involving this appl		erson to be contacted on matters ea code)
415 Bassett St.			Prefix: Mr.	First Name:	Jim
City: King City	1 W.F. (d.) (a.)	A III	Middle Name R.		4
County:		MAY was a second of the second	Last Name	A PLANTAGE AND A STATE OF THE S	
Monterey State:	Zip Code		Cop Suffix:	rsey	
California	93930				
Country: USA			Email: pdchief@kli	ngcity.com	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give	e area cude)	Fax Number (give area code)
94-6000352		·	(831) 386-5944	t.	(831) 385-4927
8. TYPE OF APPLICATION:	rr-s		7. TYPE OF APPLI	CANT: (See bad	ck of form for Application Types)
Men If Revision, enter appropriate let		n 🔲 Revision	C. Municipal		
(See back of form for description		. П	Other (specify)		
Other (apacify)			9. NAME OF FEDE		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	E NUMBER.	Office of Communit		ng Services JCANT'S PROJECT:
IV. CATALOG OF FEDERAL	DOMESTIC ASSISTANC		Segure Our School		CAN SPROCECT.
TITLE (Name of Program):		16-710	To procure equipm	ent and training t	to enhance the safety of our schools
,			and to help ensure	a safe environme	ent.
12. AREAS AFFECTED BY PR		ı, States, etc.):			
City of King, City of Greenfield, 13. PROPOSED PROJECT	County of Monterey		14. CONGRESSIO	VAL DISTRICTS	OF
Start Date:	Ending Date:		a. Applicant	ILAC DIO (ILICTO	b. Project
March 2004 15. ESTIMATED FUNDING:	Mai	ch 2005	District / 7	N SUBJECT TO	Dietrict /7 REVIEW BY STATE EXECUTIVE
		and the second s	ODDED 43973 DDA	CEGGG	li li
a. Federal \$		15,345	B. Yes. AVAIL	REAPPLICATION ABLE TO THE ST	N/APPLICATION WAS MADE FATE EXECUTIVE ORDER 12372
b. Applicant \$		15,345		ESS FOR REVIE	
c. State \$		מעו	DATE:	12/29/0.	3
d. Local \$		w ·	PROGE	RAM IS NOT CO	VERED BY E. O. 12372
e, Other \$		0 0	D. NO. ILU		OT BEEN SELECTED BY STATE
		· · · · · · · · · · · · · · · · · · ·	FOR RI	EVIEW	1
f. Program Income \$		•	II. IS THE APPLIC	ANI DELINGUI	NT ON ANY FEDERAL DEBT?
g, TOTAL B		30,690	Dyes If "Yes" atta	ich an explanatio	n. 2 No
	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPP THE APPLICANT AN	LICATION ARE	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF a. Authorized Representative	THE ASSISTANCE IS A	WARDED.			
Prefix Mr.	First Name		Midd	lle Name R.	
Last Name		Suffi			
Copsey b. Title			c Ta	edmuN enorique	r (give area code)
Palice Chief	ocantathia a	P F R F	T NO 12 (831	386-5944	· ·
d. Signature of Authorized Repre	serilative.	e de la	<u> </u>	ate Signed 12/2	29/2003
Previous Edition Usable Authorized for Local Reproduction	20	Alast -	and the second s		Standard Form 424 (Rev.9-2003 Prescribed by OMB Circular A-10
, introduced for coord (total ordiford		TILLI DEC 2	9 2003	IJ.	
			f-sayrox		
		P4 NOR C 1903 8/20 AP A 1904 -	The F R 3 of B 1 of B 1	ores	
		I STATE CLEA	RING HOUS	and the same of th	

FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION:	APPLICATION FO)R			OME Approval No. 034
A DATE RECEIVED BY FEDERAL AGENCY indicate literal five:	FEDERAL ASSIST	TANCE			Applicant Identifier
Mer-Construction Men-Construction		Preapplication			State Application Identifier
Pegas Name Coachello Valley Housing Coalition Address gars ay, aceas, State, and a) coop.	Non-Construction	Non-Construction			Y Federal Identifier
Coachella Valley Housing Coalition Actives (prive ext. Causin, Siste, and Sp. pace): 45-701 Monroe Street, Suffe G Indio, Ca 92201 6. EMPLOYER IDENTIFICATION NUMBER (Est): [9] 5		ON			
A5-701 Montoe Street, Strite G Indio, Ca 92201	Coachella Valley H				
8. TYPE OF APPLICATION: New Continuation Revision Revision I. State Controlled Institution of Higher Learning C. Municipal D. Township K. Indian Tribe E. Individual F. International M. Private United States Department of Agriculture 10. Decrease Duration Citier(specify): 11. Decrease Duration Citier(specify): 12. A State H. Independent School Dist. J. Private United States Department of Indian Tribe E. Individual F. International M. Profit Organization N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Special District) N. Other (Specify) M. Profit Organization (S. Spec	45-701 Monroe Str			1	
8. TYPE OF APPLICATION: New	,,,		The second secon	7. TYPE OF APPLI	
8. TYPE OF APPLICATION: New	9 5 - 3 8 1	4 8 9 8		A State	
If Revision, enter appropriate letter(s) in box(es) A. Increase Award D. Decrease Duration Other(specify): 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sixty Unit Farmworker Mobile Home Complex. Mix consist of 12-Three Bedroom Units 48- Four Bedroom DECT 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal 5. Applicant 5. Applicant 5. Applicant 6. Siste 6. California 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS POR REVIEW ON: 6. Cother State of State of State	8. TYPE OF APPLICATION:				
If Revision, enter appropriate letter(s) in box(es) A. Increase Award D. Decrease Duration Duration D. Decrease Duration D. Decrease Department of Agriculture Decrease Duration Duration D. Decrease Department of Decrease Duration D. Decrease Department of Agriculture D. Decrease Duration Duration D. Decrease Duration Duration D. Decrease Duration Duration D. Decrease Department of Agriculture Decrease Duration Department of Agriculture Decrease Department of Agriculture Decrease Department of Agriculture Decrease Duration Department of Agriculture Decrease Department of Agriculture Department of Agriculture	N N	ew Continuation	Revision	1	J. Private University
A. Increase Award D. Decrease Award D. Decrease Award D. Decrease Duration D. Decrease D. Decrease Duration D. Decrease D. Decrease Duration D. Decrease D. Decrease D. Decrease D. Decrease D. Decrea					
A Increase Award D. Decrease Award C. Increase Duration D. Decrease Duration D. Decrease Duration Cher(specify): Section 514/516	If Revision, enter appropriate I	etler(s) in box(es)		(
D. Decresse Duration Other(specify): 9. NAME OF FEDERAL AGENCY: United States Department of Agriculture 11. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. D. 4 0 5 TITLE: Section 514/516 12. AREAS AFFECTED BY PROJECT (Clites, Counties, States, etc.): Mecca, Riverside County, California 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: DEC 2 6 2003 Start Date Ending Date Jane/2005 Jane/2006 14. CONGRESSIONAL DISTRICTS OF: DEC 2 6 2003 Start Date Ending Date Jane/2005 Jane/2006 15. ESTIMATED FUNDING: 16. Is APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal S 2,000,000 a. Yes. This PREAPPLICATION VAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 C. State B. DATE DATE STATE EXECUTIVE ORDER 12372 d. Local County of S 300,000 b. No. DATE OR REVIEW ON: C. State G. State Of S 6,284,802 C. DATE OF REVIEW ON: DATE OR REVIEW ON: 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEET? 9. TOTAL S 9,584,802 D. Yes if "Yes," attach an explanation. Mo. O. DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICATION ARE TRUE AND CORRECT, THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative Director (760) 347-3157	A Increase Award B D	ecrease Award C Increase	Duration		N== D==fit
United States Department of Agriculture 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sixty Unit Farmworker Mobile Home Complex. Mix consist of 12-Three Bedroom Units 48- Four Bedroom Units 49- Four Bedroom Units 49- Four			. Buration	C. Opecial District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sixty Unit Farmworker Mobile Home Complex. Mix consist of 12-Three Bedroom Units 48- Four Bedroom Units 48-				9. NAME OF FEDER	AL AGENCY:
TITLE: Section 514/516 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Mecca, Riverside County, California 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date June/2005 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 16. State Sample				United States D	epartment of Agriculture
TITLE: Section 514/516 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Mecca, Riverside County, California 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date June/2005 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 16. State Sample	10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE T	ITLE OF APPLICANT'S PROJECT:
TITLE: Section 514/516 12. AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.): Mecca, Riverside County, California 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date June/2005 Start Date June/2005 June/2006 15. ESTIMATED FUNDING: a. Federal b. Applicant 5. 2,000,000 b. Applicant 5. 2,000,000 c. State 6. Country, of Riverside 6. Other State of California TCAC 6. Program Income 8. 7,584,802 16. To THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE ASSISTANCE IS AWARDED. 3. Type Name of Authorbed Representative 1. Title C. Telephone Number (760) 347-3157		Γ			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Mecca, Riverside County, California 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: DEC 2 6 2003 Start Date Ending Date June/2005 June/2006 14. CONGRESSIONAL DISTRICTS OF: DEC 2 6 2003 Start Date Ending Date June/2005 June/2006 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal \$ 2,000,000 b. Applicant \$ 2,000,000 c. State \$ 1,000,000 d. Local County of \$ 300,000 e. Other State of \$ 6,284,802 f. Program Income \$ 300,000 f. Program Income \$ 300,000 f. To THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	-	_	10 - 400	consist of 12-Th	ree Bedroom Units
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: DEC 2 6 2003 Start Date June/2005 June/2006 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal b. Applicant 5 2,000,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: c. State HD/FM'S 1,000,000 d. Local Country of Riverside 5 300,000 e. Other State of Califormia TCAC 1. Program Income 5 9,584,802 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? B. TOTAL 5 9,584,802 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? B. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative Uohn F. Mealey Executive Director DEC 2 6 2003 DEC 2 6 2003 DEC 2 6 2003 STATE AUTHORIZED STATE EXECUTIVE STATE AUTHORIZED SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/	TITLE: Section	n 514/516			The state of the s
Start Date Jire/2005 Jire/2006 44th b. Project STATE DEFARING HOUSE 15. ESTIMATED FUNDING: a. Federal S. 2,000,000 b. Applicant S. 2,000,000 c. State HD/FWS 1,000,000 c. Other State of Riverside a. Other State of California TCAC f. Program Income S. 9,584,802 g. TOTAL S. 9,584,802 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICANT WAS THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Yes. THIS PREAPPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE DO DATE DO PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes if "Yes," attach an explanation. No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative b. Title Executive Director 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION APPLICATION APPLICATION APPLICATION APPLICATION APPLICATION APPLICATION APPLICATION APPLICATION APPLICATION APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative b. Title Executive Director		•	es, etc.):		HECEIVED
STATE 42th ARING HOUSE	13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:		DEC 2 6 2003
15. ESTIMATED FUNDING: a. Federal UDDA b. Applicant c. State d. Local Country of Riverside e. Other State of California TCAC f. Program Income s. 9,584,802 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE DATE b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL s. 9,584,802 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative D. Title Executive Director 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 DATE AVAILABLE TO THE STATE EXECUTIVE OR				·	STATE OF THE ARING HOUSE
a. Federal USDA D. Applicant S. 2,000,000 B. Applicant S. 2,000,000 C. State HD/FWES 1,000,000 DATE DATE CALIFORMIA TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE DATE DO PROGRAM IS NOT COVERED BY E. O. 12372 CALIFORMIA TOAC 1. Program Income S. 300,000 DATE DO PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? The BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative John F. Mealey DETAIL C. Telephone Number (760) 347-3157	15. ESTIMATED FUNDING:		1	6. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
DEDA 2,000,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE DATE C. State HD/FWKS 1,000,000 DATE DATE DO PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? B. TOTAL S 9,584,802 17. IS THE APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative John F. Mealey DEDA 2,000,000 a. YES. THIS PREAPPLICATION/APPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 10. NO. PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				ORDER 12372 PF	ROCESS?
b. Applicant b. Applicant c. State HD/FWG 1,000,000 DATE DATE b. No. PROGRAM IS NOT COVERED BY E. O. 12372 PROCESS FOR REVIEW ON: DATE D. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? S	ì	\$		\\== =\\\	DELICATION/ARRIVED ICATION WAS MADE
C. State C. Other State of California TCAC C. Program Income S. Other State of G. TOTAL S. 9,584,802 T. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? G. TOTAL S. 9,584,802 T. IS THE APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative John F. Mealey. DATE DATE DATE D. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW DATE TO REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes If "Yes," attach an explanation. No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative John F. Mealey.				a. YES. THIS PREA	TO THE STATE EXECUTIVE ORDER 12372
HD/FWTS 1,000,000 DATE d. Local County of Riverside 300,000 e. Other State of S California TCAC f. Program Income 17. Is the applicant Delinquent on any Federal Debt? 9,584,802 17. Is the applicant on are true and correct, the Document has been duly authorized by the governing body of the applicant and the applicant will comply with the Attached assurances if the assistance is awarded. a. Type Name of Authorized Representative John F. Mealey. 100 DATE b. No. Program Is not covered by E. O. 12372 Dor Program Has not been selected by State FOR Review 17. Is the applicant Delinquent on any Federal Debt? Yes if "Yes," attach an explanation. No 18. To the Best of My Knowledge and Belief, All DATA in this application/preapplication are true and correct, the Attached Assurances if the assistance is awarded. a. Type Name of Authorized Representative John F. Mealey. 100 DATE DATE D. No. Program Is not covered by E. O. 12372 Dor Program	Dir Approach				
d. Local County, of Riverside \$ 300,000 e. Other State of \$ 300,000 f. Program Income \$ 00 g. TOTAL \$ 9,584,802 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 9. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative John F. Mealey b. No.	1				
Riverside 8 300,000 B. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW OR PROGRAM HAS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT		<u> </u>		DATE	a plant plant plant been plant
e. Other State of California TCAC 6,284,802 GO OF PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 1. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 9. TOTAL S 9,584,802 Yes If "Yes," attach an explanation. No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative John F. Mealey. C. Telephone Number (760) 347-3157	Riverside	1 3		h No II PROGRA	M IS NOT COVERED BY E. O. 12372
California TCAC 6,284,802 FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 9,584,802 Tyes If "Yes," attach an explanation. No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative John F. Mealey. C. Telephone Number (760) 347-3157	e. Other State of	S	00	□ OR PROG	GRAM HAS NOT BEEN SELECTED BY STATE
g. TOTAL S 9,584,802 Tyes if "Yes," attach an explanation. No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative John F. Mealey. 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Tyes if "Yes," attach an explanation. I No No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative D. Title Executive Director (760) 347-3157	California TCAC	6,28	4,802		
9,584,802 Yes If "Yes," attach an explanation. No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative John F. Mealey. C. Telephone Number (760) 347-3157	f. Program income	\$		7. IS THE APPLICAN	IT DELINQUENT ON ANY FEDERAL DEBT?
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative b. Title John F. Mealey (760) 347-3157	g. TOTAL	9,58	00		
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative b. Title C. Telephone Number (760) 347-3157	18. TO THE BEST OF MY KNOW	,		TON/PREAPPLICAT	ON ARE TRUE AND CORRECT, THE
a. Type Name of Authorized Representative John F. Mealey (760) 347-3157	DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GOVE	ERNING BODY OF THE A	APPLICANT AND TH	E APPLICANT WILL COMPLY WITH THE
John F. Mealey (760) 347-3157					Almah
Excount of the control of the contro					
			-VOORIIAR DIJECTOL		

Previous Edition Useble Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR			****		
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED December	18, 2003	Applicant Ide	entifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applica	ation Identifier
<u>Ap</u> plication	Preapplication				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ider	tifier
Non-Construction	☐ Non-Construction				
5. APPLICANT INFORMATION					
Legal Name: Asociacion Campesir		as, Inc. (ACLC, Ir	Organizational Unit: Non Profit Org	ganizatior	n 501 (c) (3)
Address (give city, county, State,	and zip code):				son to be contacted on matters involving
315 N. San Joaquin S	Street, Stockton, C	4 95202	this application (give a Carol J. Orne	las (209)	466-6811
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter ap	ppropriate letter in box)
68-0062					N
			A. State	H. Independ	ent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Conf	rolled Institution of Higher Learning
☐ New	✓ Continuation	Revision	C. Municipal	J. Private Ur	niversity
New	Continuation		D. Township	K. Indian Tri	be
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
			F. Intermunicipal	M. Profit Org	, , , , , , , , , , , , , , , , , , ,
A. Increase Award B. Decr	ease Award C. Increase	Duration	G. Special District	N. Other (Sp	ecify)Non-profit
D. Decrease Duration Other(s	pecify):				
			9. NAME OF FEDERA	AL AGENCY:	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TI	TLE OF APPL	ICANT'S PROJECT:
			Sonora Apartme	nte	
			420 Greenley Ro		THE PROPERTY OF THE PROPERTY O
TITLE: USDA Rural	Development 515		Sonora, CA 9537		RECEIVED
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	tes, etc.):	301101a, OA 3331	0	THUT IVE
					2 2222
					DEC 2 3 2003
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		STATE CLEARING HOUSE
	ACLC,	Inc.			4 partme nts
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO	O REVIEW BY STATE EXECUTIVE
Permanent Financing	p ·		ORDER 12372 PF	OCESS?	
a. Federal	\$.00]		
USDA RD 515 RRH		385,800.00			LABBLICATION WAS MADE
b. Applicant Ltd. Prtner	*		a. YES. THIS PREA	PPLICATION	WAFFEIGATION WAS MADE
	\$.00	AVAILABLE	TO THE ST	ATE EXECUTIVE ORDER 12372
Capital Contributi			AVAILABLE		ATE EXECUTIVE ORDER 12372
Capital Contributi c. State	on 4,01	.00 1 3,229.00	AVAILABLE PROCESS	TO THE STA	ATE EXECUTIVE ORDER 12372 V ON:
c. Sfate State of CA HOME	on 4,01	.00	AVAILABLE PROCESS	TO THE ST	ATE EXECUTIVE ORDER 12372 V ON:
c. State	on 4,01	.00 1 3,229.00	AVAILABLE PROCESS DATE	E TO THE ST.	ATE EXECUTIVE ORDER 12372 V ON:
c. State State of CA HOME d. Local Conv. Loan	on 4,01 \$	3,229.00 300,000.00	AVAILABLE PROCESS DATE b. No. PROGRA	E TO THE ST. FOR REVIEV	ATE EXECUTIVE ORDER 12372 V ON: DVERED BY E. O. 12372
c. State State of CA HOME d. Local Conv. Loan e. Other. The Paragraph	\$ 4,01 \$ 8 \$ 7	3,229.00 300,000.00 710,000.00	AVAILABLE PROCESS DATE b. No. PROGRA	TO THE ST. FOR REVIEV MIS NOT CO GRAM HAS N	ATE EXECUTIVE ORDER 12372 V ON:
c. State State of CA HOME Conv. Loan e. Other	\$ \$ \\ \\	3,229.00 800,000.00 710,000.00	AVAILABLE PROCESS DATE b. No. PROGRA	TO THE ST. FOR REVIEV MIS NOT CO GRAM HAS N	ATE EXECUTIVE ORDER 12372 V ON: DVERED BY E. O. 12372
c. State State of CA HOME d Local Conv. Loan e. Other. FHLB AHP f Program Income Gen. Prtner	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3,229.00 300,000.00 710,000.00 288.800.00 100.00	AVAILABLE PROCESS DATE b. No. PROGRA OR PROC FOR REV	TO THE ST. FOR REVIEV MIS NOT CO GRAM HAS N VIEW	ATE EXECUTIVE ORDER 12372 V ON: DVERED BY E. O. 12372
c. State State of CA HOME Conv. Loan e. Other	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3,229.00 300,000.00 710,000.00	AVAILABLE PROCESS DATE b. No. PROGRA OR PROC FOR REV	TO THE ST. FOR REVIEV MM IS NOT CO GRAM HAS N VIEW	ATE EXECUTIVE ORDER 12372 V ON: DVERED BY E. O. 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT?
c. State State of CA HOME d. Local Conv. Loan e. Other FHLB AHP f. Program Income Gen. Prtner g. TOTAL 18. TO THE BEST OF MY KNOV	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3,229.00 300,000.00 710,000.00 2882800.00 100.00 597,929.00 DATA IN THIS APPLIC	AVAILABLE PROCESS DATE b. No. PROGRA OR PROCE FOR REV 17. IS THE APPLICATE Yes If "Yes,"	TON ARE TR	ATE EXECUTIVE ORDER 12372 V ON: DVERED BY E. O. 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? Dianation. V No UE AND CORRECT, THE
c. State State of CA HOME d. Local Conv. Loan e. Other. FHLB AHP f. Program Income Gen. Prtner g. TOTAL	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3,229.00 300,000.00 710,000.00 2882800.00 100.00 597,929.00 DATA IN THIS APPLIC	AVAILABLE PROCESS DATE b. No. PROGRA OR PROCE FOR REV 17. IS THE APPLICATE Yes If "Yes,"	TON ARE TR	ATE EXECUTIVE ORDER 12372 V ON: DVERED BY E. O. 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? Dianation. V No UE AND CORRECT, THE
c. State State of CA HOME d. Local Conv. Loan e. Other FHLB AHP f. Program Income Gen. Prtner g. TOTAL 18. TO THE BEST OF MY KNOV	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	00 13,229.00 300,000.00 710,000.00 00 288,800.00 100.00 597,929.00 DATA IN THIS APPLIC VERNING BODY OF TH	AVAILABLE PROCESS DATE b. No. PROGRA OR PROCE FOR REV 17. IS THE APPLICATE Yes If "Yes,"	TON ARE TR	ATE EXECUTIVE ORDER 12372 V ON: DVERED BY E. O. 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? Dianation. V No UE AND CORRECT, THE
c. State State of CA HOME d. Local Conv. Loan e. Other FHLB AHP f Program Income Gen. Prtner g. TOTAL 18. TO THE BEST OF MY KNOV DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Type Name of Authorized Repr	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	00 13,229.00 300,000.00 710,000.00 00 288,800.00 100.00 00 00 00 00 00 00 00 00 0	AVAILABLE PROCESS DATE b. No. PROGRA OR PROCE FOR REV 17. IS THE APPLICATE ATION/PREAPPLICATE E APPLICANT AND TI	TO THE ST. FOR REVIEV MM IS NOT CO GRAM HAS N VIEW TO BELINQU attach an exp TON ARE TR HE APPLICAL C. Telephone	ATE EXECUTIVE ORDER 12372 V ON: DVERED BY E. O. 12372 FOT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? DIanation. WE AND CORRECT, THE NT WILL COMPLY WITH THE
c. State State of CA HOME d. Local Conv. Loan e. Other FHLB AHP Gen. Prtner g. TOTAL 18. TO THE BEST OF MY KNOV DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	23,229.00 300,000.00 710,000.00 288,800.00 100.00 597,929.00 DATA IN THIS APPLIC VERNING BODY OF TH	AVAILABLE PROCESS DATE b. No. PROGRA OR PROCE FOR REV 17. IS THE APPLICATE ATION/PREAPPLICATE E APPLICANT AND TI	TO THE ST. FOR REVIEV MM IS NOT COUNTY GRAM HAS NOT DELINQUE attach an experion ARE TREAPPLICAL	ATE EXECUTIVE ORDER 12372 V ON: DVERED BY E. O. 12372 IOT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? Dlanation. V No UE AND CORRECT, THE NT WILL COMPLY WITH THE Number 3-6811

APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FFDERAL ASSISTANCE December 18, 2003 3. DATE RECEIVED BY STATE State Application Identifier 1. TYPE OF SUBMISSION: Application Preapplication Construction Construction 4 DATE RECEIVED BY FEDERAL AGENCY Federal Identifier **✓** Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Asociacion Campesina Lazaro Cardenas, Inc. (ACLC, In Non Profit Organization 501 (c) (3) Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): this application (give area code) 315 N. San Joaquin Street, Stockton, CA 95202 Carol J. Ornelas (209) 466-6811 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Ν 6 8 - 0 0 6 2 0 6 2 H. Independent School Dist. A State I. State Controlled Institution of Higher Learning B. County 8. TYPE OF APPLICATION: C. Municipal J. Private University Revision New **C**ontinuation K. Indian Tribe D. Township L Individual E. Interstate If Revision, enter appropriate letter(s) in box(es) F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Non-profit C. Increase Duration A. Increase Award B. Decrease Award D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Sonora Apartments RECEIVED 420 Greenley Road TITLE: USDA Rural Development 515 Sonora, CA 95376 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): DEC 2 3 2003 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: STATE CLEARING HOUSE b. Project a. Applicant Start Date **Ending Date** ACLC, Inc. Sonora Apartments 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? Acquisition 00 a. Federal \$ a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE 885,800.00 USDA RD 515 RRH AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 \$ b. Applicant PROCESS FOR REVIEW ON: S c. State CalHFA 1,262,034.00 DATE _____ d. Local \$ b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 00 □ OR PROGRAM HAS NOT BEEN SELECTED BY STATE \$ e. Other FOR REVIEW f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL **✓** No Yes If "Yes," attach an explanation. 2,147834.00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number a. Type Name of Authorized Representative (209) 466-6811 Chief Executive Officer Carol . Ornélas

Previous Edition Usable

Authorized for Local Reproduction

d. Signature of Authorized Representative

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

e. Date Signed

APPLICAT	ION FOR				OMB Approval No. 0348-0
FEDERAL		NCE	2. DATE SUBMITTED December	18, 2003	Applicant Identifier
1. TYPE OF SUE	BMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application Construct	ion	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
✓ Non-Cons		☐ Non-Construction			
5. APPLICANT I	NFORMATION			Organizational Unit:	
Legal Name:	n Campesii	na Lazaro Cardena	as Inc. (ACLC. Ir		ganization 501 (c) (3)
Address (give cit					number of person to be contacted on matters invol-
, ,	•	Street, Stockton, C.	A 95202	this application (give a Carol J. Orne	rea code) las (209) 466-6811
6. EMPLOYER II	DENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box) N H. Independent School Dist.
8. TYPE OF APP	OLICATION:			B. County	I. State Controlled Institution of Higher Learning
6. ITPE OF APP		[7] otiti	Revision	C. Municipal	J. Private University
	New	Continuation	☐ Kevision	D. Township	K. Indian Tribe
If Revision, enter	appropriate lette	er(s) in box(es)		E. Interstate	L. Individual
		rease Award C. Increase	Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)Non-profit
A. Increase Aw D. Decrease D		specify):	e Duration	G. Special District	14. Other (Openly)
D. Decrease D	aration other,	specify).		9. NAME OF FEDERA	AL AGENCY:
40 CATALOG C	SE EEDERAL DO	OMESTIC ASSISTANCE N	IMRER:	11 DESCRIPTIVE TO	TLE OF APPLICANT'S PROJECT:
TITLE:	USDA Rural	Development 515 DJECT (Cities, Counties, Sta		Sonora Apartme 420 Greenley Ro Sonora, CA 9537	ad / LUENED /
13. PROPOSED	PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		STATE CLEARING HOUSE
01-1-0-1-	Ending Data	a Applicant		b. Project	WINAA HOUSE
Start Date	Ending Date	a. Applicant ACLC	. Inc.	b. Project	Sonora Apartments
15. ESTIMATED	FUNDING:		,	16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
Construc				ORDER 12372 PF	ROCESS?
a. Federal USDA RD	515 RRH	\$ 885,8	.00		APPLICATION/APPLICATION WAS MADE
b. Applicant		\$.00	1	TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
c. State	<u>c.</u>	\$	100.00	PROCESS	FOR NEVIEW OIV.
STate of	CA HOME	I i	000.00	DATE	
d. Local	OH HOHE	\$.00		
Ltd. Par	tner Cont	r. 50,0	000.00		AM IS NOT COVERED BY E. O. 12372
e. Other Conv	. Loan	\$ 3,948,5			GRAM HAS NOT BEEN SELECTED BY STATE
FHLB - A		288,8	300	FOR RE	/IEVV
f Devented		\$		17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	n Closing	\$	712.00	1	attach an explanation.
		6.747.9	9 29.00 ⁰		
DOCUMENT HA	AS BEEN DULY	WLEDGE AND BELIEF, AL AUTHORIZED BY THE GO	L DATA IN THIS APPLIC OVERNING BODY OF TH	CATION/PREAPPLICATION TO A STATE OF THE APPLICANT AND T	TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
		THE ASSISTANCE IS AWA	ARDED. b. Title		c. Telephone Number
a. Type Name of Carol J. Orn		resentative	Chief Executive O	fficer	(209) 466-6811

Previous Edition Usable Authorized for Local Reproduction

d. Signature of Authorized Representat

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

e. Date Signed

of W.Sl

	•	/V :		ONED 4
APPLICATION FOR	n 1 40 mm	DATE CHOMPETER	·	OMB Approval No. 0348-004
FEDERAL ASSISTA	NCE	2 DATE SUBMITTED November	21 2003	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DAVE RECEIVED BY	-	Ch.A. A. F
Application	Preepplication	T DALE MECHAED BI	SIMIE	State Application Identifier
Construction	Construction	4 DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction	4. DATE RECEIVED BY	2003	erense inclumen
5. APPLICANT INFORMATION	1. http://www.			
Legal Name:			Organizational Unit:	
Stanislaus Cour		Foundation	<u> </u>	
Address (give city, county, State,	•		Name and telephone r	number of person to be contacted on matters involving
909 15th Street			this application (give a	
Modesto, CA 951 Stanislaus Cour	354-1130		W. David	
6. EMPLOYER IDENTIFICATION	A MINMRED (FIN):		(209) 523	
			7. TYPE OF APPLICA	NT: (enter appropriate letter in box)
77 - 0438	308		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:	:		1	State Controlled Institution of Higher Learning
K New	Continuation	Revision	4	J. Private University
€्रा म्बब्ब	CONTRACTOR A	T 1004121011	D. Township	K. Indian Tribe
If Revision, enter appropriate lette	ar(s) in box(es)	Deep Come IV	mE poterstate	L. Individual
		HEVEIV	F. Internunicipal	M. Profit Organization N. Other (Specify) 501 (c) (3)
	rease Award C. Increase	•	1 - 1	
D. Decrease Duration Other(s	вресћу):	DEC 2 3 2	9. WAME OF FEDERA	
			9. NAME OF FEDERA	LAGENCY:
		The state of the s		
		STATE CLEARING	HOUSE	
10. CATALOG OF FEDERAL DO	IMESTIC ASSISTANCE NU	MBER?	11: DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:
·	<u>.</u>	19-776	Interacti	ve exhibits for new
TITLE:		10 776	Ag Pavili	on Learning Center
12. AREAS AFFECTED BY PRO	LIECT/Cities Counties Stat	les elc): «	& Museum	
Central Valley			-	
Jeneral variet				
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF	D =	ni-L n
				ı, Richard Pombo
Start Date Ending Date 01/04 06/06	a Applicant Stan. Cty. A		b.Project . Interact	ive Exhibits/Ag Pavilion
15, ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STATE EXECUTIVE
	*		ORDER 12372 PRO	
a, Federal	\$	>0 €	0110211111	
	2,500,000.		a. YES. THIS PREAF	PPLICATION/APPLICATION WAS MADE
b. Applicant		40	AVAILABLE	TO THE STATE EXECUTIVE ORDER 12372
	\$12,500,000.`		PROCESS F	FOR REVIEW ON:
c. State	\$:	04		
			DATE	
d. Local	^{\$} 8,000,000.	100		
				M IS NOT COVERED BY E. O. 12372
e. Other	\$			RAM HAS NOT BEEN SELECTED BY STATE
4.0		. 00	FOR REVI	E AA
f, Program Income	\$		47 IS THE ADDITION	T DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	5	- 36		·
3 ~ 1/16.	*23,000,000	0	Yes If "Yes," at	ttach an explanation. 🙀 No
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF, ALL	DATA IN THIS APPLICA	ATIONIPREAPPLICATION	ON ARE TRUE AND CORRECT, THE
				E APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF T				
a. Type Name of Authorized Repr	asentative	b. Title	C	Telephone Number (209) 545-5100 x 2034
John Scheuber	7.	.President	·	
d. Signature of Authorized Repres	• •	y		a. Date Signed 11/25/03
2. 11 - NET	1. herrier	•	i	エエ/ セン/ リン

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Ic	lentifier	
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY	STATE	State Applic	cation Identifier	
Construction Non-Construction S. APPLICANT INFORMATION	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ide	ntifier	
Legal Name: City of Calistoga	**************************************		Organizational Unit:			
Address (give city, county, State, 1232 Washington Str Napa County		94515	Name and telephone r this application (give a David Umeza	rea code)		
6. EMPLOYER IDENTIFICATION 9 4 - 6 0 0 0	NUMBER (EIN): 3 0 5		7. TYPE OF APPLICA A. State		ppropriate letter in bo dent School Dist.	C
8. TYPE OF APPLICATION: New	☐ Continuation	Revision	B. County C. Municipal D. Township	I. State Con J. Private U K. Indian Tr	•	Higher Learning
	rease Award C. Increase	Duration	E. Interstate F. Intermunicipal G. Special District	L. Individual M. Profit Or N. Other (Sp	ganization	
D. Decrease Duration Other(s	specify):	***************************************	9. NAME OF FEDERA USDA Rural Utilit			
10. CATALOG OF FEDERAL DO	_	MBER: 1 0 — 7 7 0	11. DESCRIPTIVE TIT New Water Tank			Г:
TITLE: 12. AREAS AFFECTED BY PRO City of Calistoga	JECT (Cities, Counties, Stat	es, etc.):			RECE	IVED
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:	<u> </u>		DEC 2	
Start Date	a. Applicant Firs	t	b. Project	F SUBJECT T	FICSTATE CLEAR	ING HOUSE
a. Federal	\$	00	ORDER 12372 PR	OCESS?		
b. Applicant	\$,486,300			ATE EXECUTIVE O	
c. State	\$. 00	DATE			
d. Local e. Other	\$.00	-	RAM HAS N	OVERED BY E. O. 1 IOT BEEN SELECTE	
f. Program Income	\$	00	FOR REV			
g. TOTAL	\$ 3	,486,300	17. IS THE APPLICAN Yes If "Yes," a			RAL DEBT?
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GOVITHE ASSISTANCE IS AWA	/ERNING BODY OF THI RDED.	E APPLICANT AND TH	E APPLICA	NT WILL COMPLY \	
a. Type Name of Authorized Reprinces McCann d. Signature of Authorized Representations		b. Title City Manager		c. Telephone (707) 942 e. Date Sign	2-2805	
Previous Edition Heable	Just	C. MCCan	<u></u>	o. Date Gigii	12/18/03	201 7 07)

APPLICATION FEDERAL ASS			2. DATE SUBN		APPLICA	NT IDENTIFIER
1. TYPE OF SUBMIS				12/8/2003		
1. THE OF SUBMIS	SSION:		3. DATE RECEIV	ED BY STATE	STATE AF	PPLICATION IDENTIFIER
Application ☑ Construction ☑ Non-Construction	Preapplicatio ☐ Construc ☐ Non-Cons	tion	4. DATE RECEIVE	ED BY FEDERAL AGENC	Y FEDERAL	IDENTIFIER
5. Applicant Information	on					
egal Name				Organizational Unit		
orth Fork Comm	nunity Developm	ent Coup	ncil W E			
ddress (give city, county,	state, and zip code)		<u> </u>	Name and telephone nur	nber of the person to b	e contacted on matters involving
.O. Box 1484				unis application (give are	a code)	and a survey of the survey of
orth Fork, CA 9	3643	DEC	1 8 2003	Barry Vesser (5	59) 877-2244	
EMPLOYER IDENTIFIC				7, TYPE OF APPLICAN	T: (enter appropriate l	etter in box) O. Non-Profit
77-031724 TYPE OF APPLICATION	1 % 1 15		<u>ARING HU</u>	A. State B. County	H. Independe	ent School District
New				C. Municipal	 State Cont Private Un 	rolled Institution of Higher Learning
	☐ Continu	attori	Revision	D. Township E. Insterstate	K. Indian Trit	
If Revision, select approp	priate	•		F. Intermunicipal	L. Individual M. Profit Org	anization
letter(s) in box(es);				G. Special District	N. Other (Sp.	ecify):
Increase Award Decrease Award				9. NAME OF FEDE	O. Non-Profit RAL AGENCY	
Increase Duration Decrease Duration Other (specify here):					U.S. Dept. of	Commerce
	•			Econo		
0. CATALOG OF FEDER	RAL DOMESTIC ASSIST	ANCE WINE				ent Administration
		WINCE MINING	EK.	11. DESCRIPTIVE T	ITLE OF APPLICANT	PROJECT:
CFDY	11.307					
AREAS AFFECTED BY	PROJECT (cities, coun	tles, states, e	tc.);	N	orth Fork Mill :	Site Rause
North	Fork, Madera Cou	inty Califo	renio			ond neade:
PROPOSED PROJECT			ESSIONAL DISTRIC	Te or.		
Start Date	Ending Date	a. Applicant	TOTOTAL DISTAL		p. Project	
4/1/2004	11/1/2005		19		o. Project	
ESTIMATED FUNDING:		16.			STATE EVECUTIVE	19 ORDER 12372 PROCESS?
ederal	\$					
	150,	00.00	a. YES, THIS PE	REAPPLICATION/APP	LICATION WAS MA	ADE AVAILABLE TO THE
pplicant	\$		DATE:	EXECUTIVE ORDER	12372 PROCESS F	OR REVIEW ON:
ate	18,	960.00				
	S			1		
cal	s		b. NO. PROG	RAM IS NOT COVER!	ED BY E O 12372	
	1.6	614.00	OR PROGR	AM HAS NOT BEEN	SELECTED BY STA	ATE FOR REVIEW
her	\$					
ogram income	16,8	3 75.00	IS THE APPLICANT	DELINQUENT ON ANY F	EDEDAL DEBTS	
:					->erone beat f	
OTAL	s 187.4	49.00	☐ Yes if "`	es" attach an explanation		⊠ No.
O THE BEST OF MY KNO DRIZED BY THE GOVER DED	WI FORE AND BELLET	ALC DATE	THIS APPLICATION/ THE APPLICANT WI	PREAPPLICATION ARE THE LL COMPLY WITH THE A	RUE AND CORRECT, 1	THE DOCUMENT HAS BEEN DULY ES IF THE ASSISTANCE IS
ped Name of Authorized F	Representative			b. Title		c. Telephone number
	John Barry Ve:	sser		Executi	ve Director	(559) 877-2244
nature of Authorized Rep	resentative					e. Date Signed
	\leq	Shi	Barry	Vesse		a. Data Gigitad
			,			December 17, 200:

DEC-18-200 APPLICATION		T.C. ସେM 1	DEV/TCRA	IDMITTED		559 730	2591	P.02
FEDERAL A		ICE		December 1	18. 2003			R No.: 04 - 01
1. TYPE OF SU	BMISSION	5	3. DATE RE	CEIVED BY STATE	10, 2000	State Application Id		
Application		Preapplication						
☐ Construction ◆ Non-Construction		☐ Construction☐ Non-Construction	4. DATE RE AGENCY	CEIVED BY FEDER	AL	Federal Identifier		
5. APPLICANT IN								
Legal Name: GOS	SHEN COMMU	JNITY SERVICES DISTRICT		Organizational Uni	_	ecial District		
Address (give city	. county, State	a, and zip code):		Name and telepho	ne number	of person to be conta	icted on r	matters
6678 Ave. 308 P.O. Box 2		n e G E	O W E	involving this appli	R, PROJEC	T COORDINATOR		
Goshen CA. 93			u v E	Tulare County Rec	levelopmer 733-6291 E	nt Agency EXT, 4302 FAX: (559	9)-730-25	591
6. EMPLOYER ID	ENTIFICATIO	N NUMBER (EIN)DEC 1	8	Y. TYPE OF APPI	JCANT: (e	enter appropriate letter	in box)	G.
								Ų.
8. TYPE OF APPL ♦ New	Continuation	. 🗆 LSIATE CLEAF	RING HOU	State County Municipal	1, \$	idependent School Dis tate Controlled Institut rivate University		gher Learning
If Revision, enter a	ppropriate lett	er(s) in box(s)		D. Township E. Interstate	K. In L. In	idian Tribe idividual		
A. Increase Award	B. Dec	rease Award C. Increas	se Duration	F. Intermunicipa G. Special		rofit Organization ther (Specify)		
D. Decrease Durar		specify);		District				
			_	9. NAME OF FE		SENCY: AGRICULTURE		A-0
10. CATALOG OF	FEDERAL DO	OMESTIC ASSISTANCE NU	· ~~~	11. DESCRIPTIV	E TITLE O	F APPLICANT'S PRO	JECT:	
	AND WASTE	1][0]-[7 DISPOSAL SYSTEMS FOR	<u>[6]0</u> .	Litigation Settle	<u>wer Colle</u> ment:	ection System Pro	<u>ject – C</u>	onstruction
12. AREAS AFFEO GOSHEN, CA	CTED BY PRO	DJECT (Cities, Counties, Stat	tes, etc.):					
13. PROPOSED F Litigation Settlemen		14. CONGRESSION DEVIN NUNES, 21 ST	AL DISTRICTS DISTRICT	S OF:				
Start Date	Ending Date 12/2003	a. Applicant GOSHEN COMMUNI	TY SERVICES	DISTRICT		t Community Sewer Coll Settlement	lection Ss	system –
15. ESTIMATED F	UNDING:			16. IS APPLICATION	ON SUBJ	ECT TO REVIEW BY	STATE	XECUTIVE
- F-11 D) 10			***************************************	ORDER 1237				
a. Federal RUS	by iv	\$ 87,000,00		AVAILABLE T	O THE STA	ATION/ APPLICATIO ATE EXECUTIVE OR	N WAS N DER 123	MADE 572 PROCESS
b. Applicant		\$		FOR REVIEW DATE: Dec		18. 2003		
c. State		\$				COVERED BY E.O.	12372	
d. Local		\$ 26,258.50		OR PRO		S NOT BEEN SELEC		
e. (Other)		5		• • • • • • • • • • • • • • • • • • •	J, (((()))			
f. Program Income		S	0	17. IS THE APPLI	CANT DEL	INQUENT ON ANY F	EDERAL	DEBT?
g. TOTAL		\$ 113,268.05		Yes If "Yes,"			◆No	
1 DOCUMENT HAS E	JEEN DOLL A	VLEDGE AND BELIEF, ALL UTHORIZED BY THE GOVE IE ASSISTANCE IS AWARE	KNING BODY	APPLICATION/PRE	APPLICA NT AND T	TION ARE TRUE AND HE APPLICANT WILI	CORRE	CT, THE LY WITH THE
a. Type Name of A		esentative b. Title	JEU.			elephone Number		-
d. Signature of Auth		Lenard Bly Bly		Presid		Date Signed	17-0	559) 651-0323
Previous Edition Usa Authorized for Local	able			· · · · · · · · · · · · · · · · · · ·		Standar	rd Form 4	124 (Rev.7-97) Circular A-102

PLICATION FOR				1 Line Aldorifier
	ICE	2 DATE SUBMITTED	0000	Applicant Identifier N/A
DERAL ASSISTAN	102	August 13	, 2003	
YPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier SAI-EXEMPT
pplication Construction	Prespolication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 06-01514
Non-Construction	Non-Construction			08-01014
PPLICANT INFORMATION			Organizational Unit:	
	Control Description		I do alternation Donner	tment of Parks and Recreation
alifornia - Department d	r Parks and Recreat		Name and telephone	number of person to be contacted on matters intolvin
iress (give city, county, State, ost Office Box 942896	, and zip code.	11 [this application (give a	area code)
acramento 3150 Sa	acramento \ 067	is 1 5 2008 /-	Betty Ettinger	
-lifernia 06 9	4298-000HII II AC	10 10 -	(916) 651-8174	ANT: (enter appropriate letter in box)
MPLOYER IDENTIFICATIO	N NUMBER (EIN):		IV. MADE OF ALLTIS	^ !
	T	PIRARING HOUS	La State	H. Independent School Disc
			B. County	State Controlled Institution of Higher Learning
TYPE OF APPLICATION:		Revision	C, Municipal	J. Private University K. Indian Tribe
₩ No	_		D. Township	K, Indian Thee
Revision, enter appropriate le	tter(s) in box(es)		E. Interstate F. Intermunicipal	M. Profit Organization
		ogo Dumbios	G. Special District	and the second s
A, 1110100000		F G E W	115 1 1	
D. Decrease Duration Othe	r(specify):	EGEUV	9. NAME OF FEDE	RAL AGENCY:
	11071		Department of	the Interior Service - Western Region 1443
		DED 1 5 000	National Park	Selvice - Woodon, Vag
. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIVE	TITLE OF APPLICANT'S PROJECT:
D. CATALOG OF PEDEIOL	Barry games	15-916	Corcoran Com	munity Park Development
_			The second secon	an
Outland Da				
TITLE: CUIDBOI RE	creation - Acquisition, L	Development & Planning	1033 Chittende	en
TITLE: OUIDOU NE.	ROJECT (Cities, Counties	Pevelopment & Planning, States, etc.):	1033 Chittende Corcoran, CA	en
2. AREAS AFFECTED BY P	creation - Acquisition, L ROJECT (Cities, Counties	States, etc.):	1033 Chittende	en
2 AREAS AFFECTED BY P 06-16224	ROJECT (Cities, Counties 14. CONGRESSIONA	, States, etc.):	1033 Chittende	en
2. AREAS AFFECTED BY P 06-16224 3. PROPOSED PROJECT	14. CONGRESSIONA	, States, etc.):	1033 Chittende	en 93212
2. AREAS AFFECTED BY P 06-16224 3. PROPOSED PROJECT Start Date Ending Date	14. CONGRESSIONA a. Applicant	, States, etc.):	Corcoran, CA	en 93212 20
2. AREAS AFFECTED BY P 06-16224 3. PROPOSED PROJECT Start Date Ending Date 11/1/03 6/30/08	14. CONGRESSIONA a. Applicant	L DISTRICTS OF:	b. Project	en 93212 20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE
2. AREAS AFFECTED BY P 06-16224 3. PROPOSED PROJECT Start Date Ending Date	14. CONGRESSIONA a. Applicant	L DISTRICTS OF:	b. Project 16. IS APPLICATI ORDER 1237:	en 93212 20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS?
2. AREAS AFFECTED BY P D6-16224 3. PROPOSED PROJECT Start Date Ending Date 11/1/03 6/30/08 15. ESTIMATED FUNDING:	14. CONGRESSIONA a. Applicant	USTRICTS OF:	b. Project 16. IS APPLICATION ORDER 1237:	20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS?
2. AREAS AFFECTED BY P 06-16224 3. PROPOSED PROJECT Start Date Ending Date 11/1/03 6/30/08	14, CONGRESSIONA a. Applicant	03	b. Project 16. IS APPLICATI ORDER 12373	en 93212 20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS? PREAPPLICATION/APPLICATION WAS MADE ABLE TO THE STATE EXEGUTIVE ORDER 12372
2. AREAS AFFECTED BY P D6-16224 3. PROPOSED PROJECT Start Date Ending Date 11/1/03 6/30/08 15. ESTIMATED FUNDING:	14. CONGRESSIONA a. Applicant	03	b. Project 16. IS APPLICATI ORDER 12373	en 93212 20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS?
2. AREAS AFFECTED BY P D6-16224 3. PROPOSED PROJECT Blant Date 11/1/03 6/30/08 15. ESTIMATED FUNDING: a. Federal b. Applicant	14, CONGRESSIONA a. Applicant	03	b. Project 16. IS APPLICATI ORDER 1237: (A) YES. THIS PAVAILAPROCE	20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS? PREAPPLICATION/APPLICATION WAS MADE ABLE TO THE STATE EXEGUTIVE ORDER 12372 ESS FOR REVIEW ON:
2. AREAS AFFECTED BY P 06-16224 3. PROPOSED PROJECT Start Date Ending Date 11/1/03 6/30/08 15. ESTIMATED FUNDING: a. Federal	14, CONGRESSIONA a. Applicant	03 102,000 248,000	b. Project 16. IS APPLICATI ORDER 1237: (A) YES. THIS PAVAILAPROCE	en 93212 20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS? PREAPPLICATION/APPLICATION WAS MADE ABLE TO THE STATE EXECUTIVE ORDER 12372
2. AREAS AFFECTED BY P D6-16224 3. PROPOSED PROJECT Start Date 11/1/03 6/30/08 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State	14, CONGRESSIONA a. Applicant	102,000 00 248,000	b. Project 16. IS APPLICATI ORDER 1237: (a) YES. THIS P AVAILL PROCE	20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS? PREAPPLICATION/APPLICATION WAS MADE ABLE TO THE STATE EXEGUTIVE ORDER 12372 ESS FOR REVIEW ON: 8/15/03 PREAPPLICATION/OF COVERED BY E. O. 12372
2. AREAS AFFECTED BY P D6-16224 3. PROPOSED PROJECT Blant Date 11/1/03 6/30/08 15. ESTIMATED FUNDING: a. Federal b. Applicant	14. CONGRESSIONA a. Applicant \$ \$ \$	102,000 00 00 00 00 00 00 00 00 00 00 00 00	b. Project 16. IS APPLICATI ORDER 1237: (a) YES. THIS P AVAILL PROCE	20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS? PREAPPLICATION/APPLICATION WAS MADE ABLE TO THE STATE EXEGUTIVE ORDER 12372 ESS FOR REVIEW ON: 8/15/03 PREAPPLICATION/APPLICATION WAS MADE ABLE TO THE STATE EXEGUTIVE ORDER 12372
2. AREAS AFFECTED BY P D6-16224 3. PROPOSED PROJECT Start Date 11/1/03	14. CONGRESSIONA a. Applicant \$ \$ \$	03 102,000 248,000	b. Project 16. IS APPLICATE ORDER 12373 EYES. THIS PROCE DATE b. No. PRO	20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS? PREAPPLICATION/APPLICATION WAS MADE ABLE TO THE STATE EXECUTIVE ORDER 12372 ESS FOR REVIEW ON:
2. AREAS AFFECTED BY P D6-16224 3. PROPOSED PROJECT Start Date 11/1/03 6/30/08 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State	14. CONGRESSIONA a. Applicant \$ \$ \$ \$ \$	03 102,000 248,000	b. Project 16. IS APPLICATI ORDER 1237: (a) YES. THIS P AVAILL PROCE DATE b. No. PROFERED PROCE FORE	20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS? PREAPPLICATION/APPLICATION WAS MADE ABLE TO THE STATE EXEGUTIVE ORDER 12372 ESS FOR REVIEW ON: 8/15/03 DORAM IS NOT COVERED BY E. O. 12372 PROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW
2. AREAS AFFECTED BY P D6-16224 3. PROPOSED PROJECT Start Date 11/1/03	14. CONGRESSIONA a. Applicant \$ \$ \$ \$	102,000 00 00 00 00 00 00 00 00 00 00 00 00	b. Project 16. IS APPLICATI ORDER 1237: (a) YES. THIS P AVAILL PROCE DATE b. No. PROFERED PROCE FORE	20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS? PREAPPLICATION/APPLICATION WAS MADE ABLE TO THE STATE EXEGUTIVE ORDER 12372 ESS FOR REVIEW ON: 8/15/03 DORAM IS NOT COVERED BY E. O. 12372 PROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW
2. AREAS AFFECTED BY P 06-16224 3. PROPOSED PROJECT Start Date 11/1/03 6/30/08 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income	14. CONGRESSIONA a. Applicant \$ \$ \$ \$ \$ \$	03 102,000 248,000	b. Project 16. IS APPLICATE ORDER 1237: E.YES. THIS P AVAILA PROCE b. No. PRO FOR	20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS? PREAPPLICATION/APPLICATION WAS MADE ABLE TO THE STATE EXEGUTIVE ORDER 12372 ESS FOR REVIEW ON: 8/15/03 DIGRAM IS NOT COVERED BY E. O. 12372 PROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW LICANT DELINQUENT ON ANY FEDERAL DEBT?
2. AREAS AFFECTED BY P D6-16224 3. PROPOSED PROJECT Blant Date 11/1/03 6/30/08 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income	14. CONGRESSIONA a. Applicant \$ \$ \$ \$ \$ \$ \$ \$	102,000 00 00 00 00 00 00 00 00 00 00 00 00	b. Project 16. IS APPLICATI ORDER 1237: (a) YES. THIS P AVAILL PROCE b. No. PROCE FOR 17. IS THE APPLICATI Yes If "Y	20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS? PREAPPLICATION/APPLICATION WAS MADE ABLE TO THE STATE EXEGUTIVE ORDER 12372 ESS FOR REVIEW ON: 8/15/03 DOGRAM IS NOT COVERED BY E. O. 12372 PROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW LICANT DELINQUENT ON ANY FEDERAL DEBT? (*es," attach an expianation.
2. AREAS AFFECTED BY P D6-16224 3. PROPOSED PROJECT Start Date 11/1/03 6/30/08 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income	14. CONGRESSIONA a. Applicant \$ \$ \$ \$ \$ \$ \$ \$	102,000 00 00 00 00 00 00 00 00 00 00 00 00	b. Project 16. IS APPLICATI ORDER 1237: E.YES. THIS P AVAILA PROCE b. No. PRO FOR 17. IS THE APPLICATI 17. IS THE APPLICATI	20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS? PREAPPLICATION/APPLICATION WAS MADE ABLE TO THE STATE EXEGUTIVE ORDER 12372 ESS FOR REVIEW ON:
2. AREAS AFFECTED BY P D6-16224 3. PROPOSED PROJECT Start Date 11/1/03 6/30/08 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other 1. Program Income g. TOTAL 18. TO THE BEST OF MY I	14. CONGRESSIONA a. Applicant \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ CNOWLEDGE AND BELLEDING AUTHORIZED BY T	102,000 102,000 248,000 248,000 350,000 EF, ALL DATA IN THIS APPLIES OF STATE O	b. Project 16. IS APPLICATI ORDER 1237: E.YES. THIS P AVAILA PROCE b. No. PRO FOR 17. IS THE APPLICATI 17. IS THE APPLICATI	20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS? PREAPPLICATION/APPLICATION WAS MADE ABLE TO THE STATE EXEGUTIVE ORDER 12372 ESS FOR REVIEW ON:
2. AREAS AFFECTED BY P D6-16224 3. PROPOSED PROJECT Start Date 11/1/03 6/30/08 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY P DOCUMENT HAS BEEN D ACCHED ASSURANCE	14. CONGRESSIONA a. Applicant \$ \$ \$ \$ \$ \$ CNOWLEDGE AND BELIE BULY AUTHORIZED BY T S IF THE ASSISTANCE	102,000 102,000 248,000 248,000 350,000 EF, ALL DATA IN THIS APPLIE GOVERNING BODY OF SAWARDED.	b. Project 16. IS APPLICATI ORDER 1237: E.YES. THIS P AVAILA PROCE b. No. PRO FOR 17. IS THE APPLICATI 17. IS THE APPLICATI	20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS? PREAPPLICATION/APPLICATION WAS MADE ABLE TO THE STATE EXEGUTIVE ORDER 12372 ESS FOR REVIEW ON:
2. AREAS AFFECTED BY P D6-16224 3. PROPOSED PROJECT Blant Date 11/1/03 6/30/08 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY P DOCUMENT HAS BEEN D ATTACHED ASSURANCE a. Type Name of Authorized a. Type Name of Authorized	14. CONGRESSIONA a. Applicant \$ \$ \$ \$ \$ \$ CNOWLEDGE AND BELIE BULY AUTHORIZED BY T S IF THE ASSISTANCE	102,000 102,000 248,000 248,000 350,000 EF, ALL DATA IN THIS APPHE GOVERNING BODY OF SAWARDED.	b. Project 16. IS APPLICATI ORDER 1237: a. YES. THIS P AVAILL PROCI b. No. PRO FOR FOR 17. IS THE APPLICATION/PREAPPLICANT A	20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS? PREAPPLICATION/APPLICATION WAS MADE ABLE TO THE STATE EXEGUTIVE ORDER 12372 ESS FOR REVIEW ON:
2. AREAS AFFECTED BY P D6-16224 3. PROPOSED PROJECT Start Date 11/1/03 6/30/08 6/30/08 6. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY P DOCUMENT HAS BEEN D ATTACHED ASSURANCE a. Type Name of Authorized Duth C Cleman	14. CONGRESSIONA a. Applicant \$ \$ \$ \$ \$ \$ CNOWLEDGE AND BELIE BULY AUTHORIZED BY T IS IF THE ASSISTANCE IS IR Representative	102,000 102,000 248,000 248,000 350,000 EF, ALL DATA IN THIS APPHE GOVERNING BODY OF SAWARDED.	b. Project 16. IS APPLICATI ORDER 1237: E.YES. THIS P AVAILA PROCE b. No. PRO FOR 17. IS THE APPLICATI 17. IS THE APPLICATI	20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS? PREAPPLICATION/APPLICATION WAS MADE ABLE TO THE STATE EXEGUTIVE ORDER 12372 ESS FOR REVIEW ON: OGRAM IS NOT COVERED BY E. O. 12372 PROGRAM HAS NOT BEEN SELECTED BY STATE REVIEW LICANT DELINQUENT ON ANY FEDERAL DEBT? Yes," attach an explanation. No LICATION ARE TRUE AND CORRECT, THE ND THE APPLICANT WILL COMPLY WITH THE C. Telephone Number
2. AREAS AFFECTED BY P D6-16224 3. PROPOSED PROJECT Blant Date 11/1/03 6/30/08 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY P DOCUMENT HAS BEEN D ATTACHED ASSURANCE a. Type Name of Authorized a. Type Name of Authorized	14. CONGRESSIONA a. Applicant \$ \$ \$ \$ \$ \$ CNOWLEDGE AND BELIE BULY AUTHORIZED BY T IS IF THE ASSISTANCE IS IR Representative	102,000 102,000 248,000 248,000 350,000 EF, ALL DATA IN THIS APPHE GOVERNING BODY OF SAWARDED.	b. Project 16. IS APPLICATI ORDER 1237: a. YES. THIS P AVAILL PROCI b. No. PRO FOR FOR 17. IS THE APPLICATION/PREAPPLICANT A	20 ION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS? PREAPPLICATION/APPLICATION WAS MADE ABLE TO THE STATE EXECUTIVE ORDER 12372 ESS FOR REVIEW ON: